

ETS Main Study

T1: Prenatal Baseline Telephone Interview

SUBJECT ID LABEL

(8-alpha numeric digits with dash)

DATE INTERVIEW COMPLETED: | | | | - | | | | - | | | | | |

MONTH DAY YEAR

Ranges= 1-12/ 1-31/ 2008-2012

FINAL RESULT CODE:

Completed 02
Partially Completed, Final 03
Eligibility Status Change: Eligibility Verification 81
Eligibility Status Change: Lab Results 82
Eligibility Status Change: Pregnancy 83
Eligibility Status Change: Quit Smoking 84
Eligibility Status Change: Other* 85*
Subject Delivered Before Required Prenatal Activities* 86*
Unable to Locate Subject, Final 92
Subject Unavailable, Final* 93*
Other Final Outcome* 94*
Subject Discontinued from Study* 97*
Subject Refused* 99*

* MUST Specify Reason: (150 characters) _____

BEST DATES/TIME FOR 3 MONTH TELEPHONE INTERVIEW: (NOT KEYED)

☐ Entered final result code, date, best time for 3-month interview, and any updated contact information into DMS.
(NOT KEYED)

TIME INTERVIEW BEGAN: |__|__| : |__|__| am / pm

Range: 1-12 0-59

For these survey results to be useful, it is crucial that everyone give us accurate answers. Your answers are strictly confidential, as required by federal law. Also, you may refuse to answer any question. Please use the blue answer cards that are in the folder you were given in the clinic (after you completed answering the questions on the computer) to help you answer some of the questions. I will be referring to them as we go.

If you have any questions, please let me know. If not, we can start.

SECTION A. DEMOGRAPHIC INFORMATION

First, I'd like to ask some questions about you and your household and family.

1. What is your date of birth? |__|__| - |__|__| - |__|__|__|__|
MO DAY YEAR

Ranges= 1-12/ 1-31/ 1950-1995

2. Were you born in the United States or some other country?

UNITED STATES 1 → **SKIP TO Q. 3**

OTHER COUNTRY 2

2a. SPECIFY _____ (50 characters)

2b. In what year did you come to the United States to live? |__|__|__|__|
Range=1950-2012

3. Do you consider yourself to be. . . YES NO

a. Black or African American? 1 2

b. Hispanic or Latina? 1 2

c. White? 1 2

d. Asian? 1 2

e. Other? ↓ 1 2

f. SPECIFY _____ (50 characters)

4. What is the highest grade in school you have completed? Please do not include vocational or technical training.

LESS THAN HIGH SCHOOL 1

HIGH SCHOOL GRADUATE OR GED 2

SOME COLLEGE 3

COLLEGE DEGREE 4

POSTGRADUATE 5

5. Are you currently enrolled in school?

YES.....1

NO2

6. Do you currently work either part time or full time at a job for pay? Please include odd jobs like babysitting or pickup work, and temporary jobs, as well as regular, steady jobs. (IF “YES,” PROBE IF FULLTIME OR PARTTIME.)

YES, FULLTIME.....1 → **SKIP TO Q. 7**

YES, PARTTIME2 → **SKIP TO Q. 7**

NO3

6a. Were you working either full-time or part-time before you became pregnant this time? (IF “YES,” PROBE IF FULL-TIME OR PART-TIME.)

YES, FULL-TIME1

YES, PART-TIME2

NO3

7. What is your current marital status? Are you . . .

Single, never married,1

Married,2

Separated,3

Divorced, or4

Widowed?5

8. Do you currently...

Own your own home,1

Rent your home,2

Live with someone else who owns the home,3

Live with someone else who rents the home, or4

Have some other arrangement?5

8a. SPECIFY _____ **(50 characters)**

9. Including yourself, how many people currently live in your household? |__|__| **1-99**

10. Does anyone in your household currently receive:
- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Food Stamps?..... | 1 | 2 |
| b. Medicaid?..... | 1 | 2 |
| c. WIC (Women, Infants, and Children)?..... | 1 | 2 |
| d. Commodity Supplemental Food Program?..... | 1 | 2 |
| e. Public assistance/TANF? | 1 | 2 |
11. Outside of your participation in this project, have you received any of the following services in the last year?
- | | <u>YES</u> | <u>NO</u> |
|--|-----------------|-----------|
| a. Home visiting services? | 1 | 2 |
| b. Smoking cessation program? | 1 | 2 |
| c. Alcohol or drug treatment? (e.g., for substance abuse, addiction, methadone treatment)..... | 1 | 2 |
| d. Parenting Classes? | 1 | 2 |
| e. Other (describe below)? | 1 | 2 |
| f. SPECIFY: _____ | (50 characters) | |

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.

12. Are you currently covered by any kind of health insurance or some other kind of health care plan?
- YES 1
- NO 2 → SKIP TO Q.14
- DON'T KNOW-8
13. Since you became pregnant, was there any time when you were not covered by any kind of health insurance or some other kind of health care plan?
- YES 1
- NO 2 → SKIP TO SECTION B
- DON'T KNOW-8→ SKIP TO Q.14
- 13a. How many weeks or months were you without coverage since you became pregnant?
- ____|____| WEEKS (Range=0-39) OR ____|____| MONTHS (Range=1-9)

(SKIP TO SECTION B)

- 14 Since you became pregnant, was there any time when you were covered by any kind of health insurance or some other kind of health care plan?

YES 1

NO 2 → SKIP TO SECTION B

DON'T KNOW -8 → SKIP TO SECTION B

- 14a. How many weeks or months did you have coverage since you became pregnant?

|_|_| WEEKS (Range=0-39) OR |_|_| MONTHS (Range=1-9)

SECTION B. PREGNANCY HISTORY/FEELINGS ABOUT PREGNANCY

Now I would like to ask you about your current pregnancy.

1. When did you first learn that you were pregnant?

|_|_| - |_|_| - |_|_|_|_|_| DON'T KNOW.....-8
MO DAY YEAR

Ranges= 1-12 1-31 2007-2012

2. When was your first prenatal care visit for this pregnancy? That is, the first time during this pregnancy that you were seen by a doctor or nurse for a physical exam? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

|_|_| - |_|_| - |_|_|_|_|_| DON'T KNOW.....-8
MO DAY YEAR

Ranges= 1-12 1-31 2007-2012

IF DON'T KNOW:

- 2a. Can you tell me how many weeks or months pregnant you were when you had your first visit for prenatal care?

|_|_| WEEKS |_|_| MONTHS DON'T KNOW.....-8

Range: 0-35 1-8

3. When is your baby due? |_|_|_| - |_|_|_| - |_|_|_|_|_|
MO DAY YEAR

Ranges= 1-12 1-31 2008-2012

IF DON'T KNOW:

- 3a. How many weeks has it been since your last period? |_|_|_| WEEKS **(Range: 0-35)**

OR

When was your last period? |_|_|_| - |_|_|_| - |_|_|_|_|_|
MO DAY YEAR

Ranges= 1-12 1-31 2007-2011

4. Were you using any family planning methods to prevent pregnancy the month before you became pregnant this time?

(IF RESPONDENT DOES NOT UNDERSTAND, MODIFY WORDING AS FOLLOWS: Were you doing anything to try to prevent pregnancy the month before you became pregnant?)

YES..... 1 → SKIP TO Q. 4b

NO..... 2

- 4a. Was the reason you were not using any family planning methods because you yourself wanted to become pregnant?

YES..... 1 → SKIP TO Q.5

NO..... 2

4b. At the time you became pregnant, did you yourself actually want to have a baby at some time?

YES..... 1
NO.....2
NOT SURE, DON'T KNOW-8

4c. Would you say you became pregnant sooner than you wanted, later than you wanted, or at about the right time?

SOONER 1
LATER.....2
RIGHT TIME3
DIDN'T CARE4

5. (Please use **CARD A**) Which number between “1” and “10” best describes how you felt when you found out you were pregnant. A “1” means that you were “Very Unhappy To Be Pregnant” and a “10” means that you were “Very Happy To Be Pregnant.”

1	2	3	4	5	6	7	8	9	10
VERY UNHAPPY TO BE PREGNANT					VERY HAPPY TO BE PREGNANT				

6. At the time you became pregnant, did the father of this baby want to have a baby with you at some time?

YES.....1
NO2
NOT SURE, DON'T KNOW-8

7. Do you currently have a partner, boyfriend, spouse, or someone with whom you have a romantic or sexual relationship?

YES.....1
NO2 → SKIP TO Q.13

8. How long have you been together with your current partner (in years, months, weeks or days)?

|_|_|	YEARS	|_|_|	MONTHS	|_|_|	WEEKS	|_|_|	DAYS
Ranges= 0-40		0-50		0-50		0-50	

9. Do you currently live with your partner?

YES.....1 → SKIP TO Q. 10
NO2

9a. How much time do you and your partner spend together each week? Would you say...

- Less than one day a week.....1
- About one day a week.....2
- About two days a week.....3
- Three or four days a week.....4
- Five or six days a week.....5
- Every day or almost every day.....6

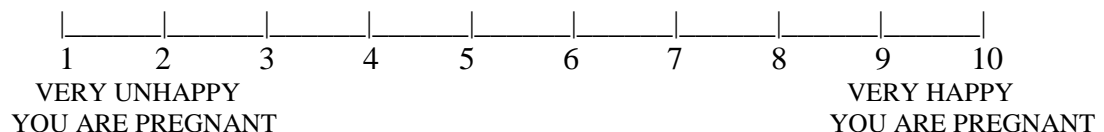
10. Since you became pregnant, how supportive of you has your current partner been? Would you say . . .

- Not at all supportive,1
- Not very supportive,.....2
- Somewhat supportive,.....3
- Very supportive, or4
- Extremely supportive?5

11. Have you told your current partner that you are pregnant?

- YES.....1
- YES, BUT NOT THAT THE BABY IS HIS CHILD2
- NO.....3 → SKIP TO Q. 12

11a. (Please use **CARD A**) Which number between “1” and “10” best describes how your current partner felt when learning about your pregnancy. A “1” means that your current partner was “Very Unhappy You Are Pregnant” and a “10” means that your current partner was “Very Happy You Are Pregnant.”



12. Is your current partner the father of this baby?

- YES.....1 → SKIP TO Q.16
- NO.....2
- NOT SURE, DON'T KNOW-8 → SKIP TO Q.16

13. Do you currently live with the father of your unborn baby?

YES..... 1 → SKIP TO Q. 13b

NO.....2

13a. How often do you and the father of your unborn baby spend time together each week?
Would you say...

Less than one day a week.....1

About one day a week.....2

About two days a week.....3

Three or four days a week.....4

Five or six days a week.....5

Every day or almost every day.....6

13b. How long were you together (in years, months, weeks or days) with the father of your baby before you became pregnant?

|_|_| YEARS |_|_| MONTHS |_|_| WEEKS |_|_| DAYS

Ranges= 0-40 0-50 0-50 0-50

14. Since you became pregnant, how supportive of you has the father of this baby been?
Would you say . . .

Not at all supportive,1

Not very supportive,.....2

Somewhat supportive,.....3

Very supportive, or4

Extremely supportive?5

15. Have you told the father of your baby that you are pregnant with his child?

YES 1

YES, BUT NOT THAT THE BABY IS HIS CHILD..... 2

NO 3 → SKIP TO Q. 16

N/A (DECEASED).....-9 → SKIP TO Q.16

- 15a. (Please use **CARD A**) Which number between “1” and “10” best describes how the father of your baby felt when he found out you were pregnant. A “1” means that he was “Very Unhappy To Be Pregnant” and a “10” means that he was “Very Happy To Be Pregnant.”

1	2	3	4	5	6	7	8	9	10
VERY UNHAPPY					VERY HAPPY				
YOU ARE PREGNANT					YOU ARE PREGNANT				

16. Altogether, with how many partners have you had a romantic or sexual relationship in the past year? Please include your current partner and the father of your baby.

|_|_| partners (Range: 1-99)

Now, I would like to ask you about all your pregnancies including the current pregnancy and all previous pregnancies.

16. (Kirtida, This question should be 16a, but too late to change on paper. Is that ok?)

Altogether, including this pregnancy, how many times have you been pregnant? Include this current pregnancy, all previous pregnancies, and any miscarriages, stillbirths, or abortions you many have had.

|_|_| TOTAL PREGNANCIES (Range: 1-99)

INTERVIEWER: IF TOTAL PREGNANCIES = 1, SKIP TO SECTION C.

17. How many living babies have you delivered or given birth to? |_|_|_| (0-20)

NONE 0 → SKIP TO SECTION C.

18. (Did your child/Did any of your children) weigh less than 5 pounds, 8 ounces or 2500 grams pounds at birth?

YES..... 1

NO..... 2

CAN'T REMEMBER.....-8

19. (Did your child/Did any of your children) weigh less than 3 pounds, 5 ounces or 1500 grams pounds at birth?

YES..... 1

NO..... 2

CAN'T REMEMBER.....-8

20. (Was your child/Were any of your children) born prematurely, that is 2 weeks before your expected due date?

YES..... 1

NO..... 2

CAN'T REMEMBER.....-8

21. Is this child/Are all of your children still living?

YES.....1 → SKIP TO Q.22

NO2

INTERVIEWER: IF R HAD ONLY 1 LIVING CHILD, RECORD “1” BUT DO NOT ASK Q.21a

21a. How many of your children have passed away? |__|__| **(Range: 0-5)**

21b. At what age did this child (these children) die and what was the cause of death?

CHILD #	(1) Age at death	2) Cause of death
1	|__|__| years (0-30) |__|__| mo (0-99)	(Range: 0-100) (same for 2-5 below)
2	|__|__| years |__|__| mo	
3	|__|__| years |__|__| mo	
4	|__|__| years |__|__| mo	
5	|__|__| years |__|__| mo	

INTERVIEWER: IF R HAS NO LIVING CHILDREN, SKIP TO SECTION C

22. How many of your children currently live with you? |__|__| **(Range: 0-20)**

None0 → **SKIP TO SECTION C**

22b. Please tell me the sex and current ages of all of your children who live with you.

	22c. Sex		22d. Age (IN YEARS & MONTHS)	
	Male	Female		
Child #1	1	2	|__|__| Yrs	|__|__| Months
Child #2	1	2	|__|__| Yrs	|__|__| Months
Child #3	1	2	|__|__| Yrs	|__|__| Months
Child #4	1	2	|__|__| Yrs	|__|__| Months
Child #5	1	2	|__|__| Yrs	|__|__| Months

SECTION C. MEDICAL HISTORY

Now, we would like to know more about you and your immediate family's medical history, as well as the medical history of the baby's father and his immediate family.

<p>1. To your knowledge, have <u>you or anyone in your immediate family</u>, including your biological parents, sisters and brothers, and children ever been told by a doctor or health professional that you or they have...</p>	<p>2. To your knowledge, has <u>the baby's father or anyone in his immediate family</u>, including his biological parents, sisters and brothers ever been told by a doctor or health professional that he or they have... Please do not count any of your <u>own</u> children that you have already reported.</p>
<p>a. Eczema (a type of skin allergy)</p> <p>YES.....1</p> <p>NO .....2</p> <p>DON'T KNOW .....-8</p>	<p>a. Eczema (a type of skin allergy)</p> <p>YES .....1</p> <p>NO .....2</p> <p>DON'T KNOW .....-8</p>
<p>b. Any other allergies or hay fever</p> <p>YES.....1</p> <p>NO .....2</p> <p>DON'T KNOW .....-8</p>	<p>b. Any other allergies or hay fever</p> <p>YES .....1</p> <p>NO .....2</p> <p>DON'T KNOW .....-8</p>
<p>c. Asthma</p> <p>YES.....1</p> <p>NO .....2</p> <p>DON'T KNOW .....-8</p>	<p>c. Asthma</p> <p>YES .....1</p> <p>NO .....2</p> <p>DON'T KNOW .....-8</p>
<p>d. Chronic bronchitis</p> <p>YES.....1</p> <p>NO .....2</p> <p>DON'T KNOW .....-8</p>	<p>d. Chronic bronchitis</p> <p>YES .....1</p> <p>NO .....2</p> <p>DON'T KNOW .....-8</p>
<p>e. Any other chronic respiratory disease?</p> <p>YES.....1</p> <p>NO .....2</p> <p>DON'T KNOW .....-8</p> <p>f. IF YES, SPECIFY: _____</p> <p>_____</p> <p>(Allow 100 characters)</p>	<p>e. Any other chronic respiratory disease?</p> <p>YES.....1</p> <p>NO .....2</p> <p>DON'T KNOW .....-8</p> <p>f. IF YES, SPECIFY: _____</p> <p>_____</p> <p>(Allow 100 characters)</p>

SECTION D. TOBACCO USE, ATTITUDES, BELIEFS, AND BEHAVIORS

These next questions are about cigarette smoking. For all of these questions, please count a cigar or a pipeful of tobacco the same as a cigarette.

1. In your lifetime, have you ever smoked even a puff of a cigarette?

YES..... 1

NO..... 2 → SKIP TO SECTION E

- 1a. How old were you when you smoked your first cigarette? ____|____| YEARS OF AGE (5-50)

2. Were you ever a regular smoker; that is where you smoked at least one cigarette per day for any period of time?

YES..... 1

NO..... 2 → SKIP TO Q.3

- 2a. How old were you when you first became a regular smoker, that is, when you smoked at least one cigarette per day for any period of time?

____|____| YEARS OF AGE (5-50)

- 2b. About how many total years were you, or have you been, a regular smoker (that is, when you smoked at least one or more cigarettes per day)?

____|____| YEARS (5-50)

3. Within the six months before you got pregnant, that is, before you conceived this baby, did you smoke at all, even a puff of a cigarette?

YES 1

NO..... 2 → SKIP TO Q. 4

- 3a. Within the six months before you became pregnant, about how many days per week did you usually smoke cigarettes, even a puff?

____|____| DAYS PER WEEK SMOKED CIGARETTES (1-7)

< 1 DAY/WEEK 0

- 3b. Within the six months before you became pregnant, about how many cigarettes did you usually smoke each day? (ONE PACK = 20 CIGARETTES)

____|____| CIGARETTES (1-99)

A FEW PUFFS 0

- 3c. Within the six months before you got pregnant, did you try to quit smoking?

YES..... 1

NO..... 2

Next, I will ask about your smoking habits during the 1st and 2nd trimesters of your current pregnancy. When I ask about cigarettes, please remember to count a cigar or pipeful of tobacco the same as a cigarette.

	(1) 1 st trimester, from months 1-3	(2) 2 nd trimester from months 4-6
4. At any time during your _____ did you smoke at all, even a puff of a cigarette? [NOTE: FOR 1st TRIMESTER SAY]: Remember to include the time before you first found out you were pregnant.	YES 1 NO 2 → SKIP TO COL. 2	YES 1 NO 2 → SKIP TO BOX BEFORE Q.5
4a. About how many of the weeks during your _____ did you smoke at all even a puff of a cigarette? [NOTE: THERE ARE 13-14 WEEKS PER TRIMESTER]	____|____| WEEKS (Range: 0-14) < 1 WEEK -1 ENTIRE TIME -9	____|____| WEEKS (Range: 0-14) < 1 WEEK -1 ENTIRE TIME -9
4b. On average in your _____ about how many days per week did you usually smoke cigarettes?	____|____| DAYS/WK (Range: 1-7) < 1 DAY/WEEK -1	____|____| DAYS/WK (Range: 1-7) < 1 DAY/WEEK -1
4c. When you smoked during your _____, about how many cigarettes did you usually smoke each day?	____|____| CIGARETTES (Range: 1-99) A FEW PUFFS -1	____|____| CIGARETTES (Range: 1-99) A FEW PUFFS -1
4d. At any time during your _____, did you try to quit smoking?	YES 1 NO 2 → SKIP TO COLUMN 2	YES 1 NO 2 → SKIP TO Q.5
4e. How many times during your _____, did you try to quit smoking?	____|____| TIMES (1-99)	____|____| TIMES (1-99)
4f. At any time during your _____, were you able to stop smoking for 24 hours or longer?	YES 1 NO 2	YES 1 NO 2
4g. Thinking about your _____, about how many total days, weeks or months were you able to stay smoke free, and not smoke any cigarettes at all? [NOTE: EACH TRIMESTER = ABOUT 90-93 DAYS, 12-13 WEEKS, OR 3.3 MONTHS. IF ESTIMATE IS GREATER, REVIEW WITH R AND MAKE ADJUSTMENTS.]	____|____| MONTHS (1-2) ____|____| WEEKS (1-13) ____|____| DAYS (1-91) NO TIME -8 ENTIRE TIME -9 (CONTINUE WITH COLUMN 2)	____|____| MONTHS (1-2) ____|____| WEEKS (1-13) ____|____| DAYS (1-91) NO TIME -8 ENTIRE TIME -9 (CONTINUE WITH Q. 5)

INTERVIEWERS:**IF ANY SMOKING DURING 1st or 2nd TRIMESTER → CONTINUE WITH Q5;
OTHERWISE SKIP TO Q.7.**

5. When you smoked cigarettes, how often did you go outside to smoke instead of smoking inside your home? Would you say . . .

Never, 1

Rarely, 2

Sometimes, 3

Often, or..... 4

Almost always? 5

- 6.. When you were in an indoor location with non-smokers, including children, how often did you smoke around them? Would you say . . .

Never, 1

Rarely, 2

Sometimes, 3

Often, or..... 4

Almost always? 5

7. On how many of the past 7 days have you smoked at least one puff of a cigarette?

|__| DAYS IF "0" → SKIP TO Q. 10 (Range: 0-7)

8. For the next questions, I need you to think about a typical day when you smoked cigarettes in the past 7 days. Which typical day have you selected? (WRITE THE DAY AND MARK ONE)

_____ (Allow 15 characters) ☐ WEEK DAY ☐ WEEKEND DAY

- 9a. On (TYPICAL DAY), about how many cigarettes did you smoke?

|__| |__| CIGARETTES (0-99)

- 9b. About how many of those [# in Q9a] cigarettes did you smoke in a car?

|__| |__| CIGARETTES (0-99)

- 9c. About how many of those [# in Q9a] cigarettes did you smoke at home, indoors?

|__| |__| CIGARETTES (0-99)

- 9d. About how many of those [# in Q9a] cigarettes did you smoke at home, outdoors?

|__| |__| CIGARETTES (0-99)

- 9e. About how many of those [# in Q9a] cigarettes did you smoke somewhere else, other than at your home or in a car?

|__| |__| CIGARETTES (0-99)

9f. During the past 24 hours, how many cigarettes did you smoke?

|_|_| CIGARETTES (0-99)

10. How long has it been (in hours, days, weeks, months or years) since you smoked at all, even a puff of a cigarette? (RECORD EXACT RESPONSE, USING AS MANY BOXES AS NECESSARY)

|_|_| HOURS (0-99) |_|_| DAYS (0-99) |_|_| WEEKS (0-99)

|_|_| MONTHS (0-50) |_|_| YEARS (0-30)

INTERVIEWER: HAS R SMOKED IN THE PAST 7 DAYS?

YES1 → SKIP TO Q. 12(IGNORE BOX ABOVE Q12)

NO2 → GO TO Q. 11

11. How confident are you that you can remain a non-smoker? Would you say...

Not at all confident,1

Not very confident,2

Somewhat confident,3

Very confident, or4

Extremely confident?5

INTERVIEWER: HAS R SMOKED IN THE PAST 15 MONTHS (BASICALLY ANYTIME IN THE 6 MONTHS BEFORE OR SINCE BECOMING PREGNANT); SEE Q. 10)?

YES.....1 → SKIP TO Q. 17

NO2 → SKIP TO SECTION E.

12. These next questions ask about your smoking habits. When you smoke a cigarette, about how much of the cigarette do you usually smoke? Would you say. . .

All of the cigarette,1

Most of the cigarette,2

Half of the cigarette,3

Less than half of the cigarette, or4

Only a couple of puffs of the cigarette?5

13. Think about how deeply you inhale the smoke from your cigarette. Would you say that you...
- Do not inhale,1
- Inhale slightly,2
- Inhale moderately,3
- Inhale deeply, or4
- Inhale very deeply?5
14. How often do you usually smoke your first cigarette within 30 minutes after getting up in the morning? Would you say. . .
- Always,1
- Often,2
- Rarely, or3
- Never?4
15. Are you seriously thinking about quitting smoking during this pregnancy? Would you say . . .
- Yes within the next 30 days1
- Yes, within the next 6 month, or2
- No, you are not thinking of quitting during pregnancy?3
16. If you decided to quit smoking during the next month, how confident are you that you could quit smoking for good and remain a nonsmoker? Would you say . . .
- Not at all confident,1
- Not very confident,2
- Somewhat confident,3
- Very confident, or4
- Extremely confident?5

17. Regardless of whether you have quit smoking or not during your pregnancy, these next questions may still apply to you. Since you found out you were pregnant, how much support or encouragement have you received from your partner, the father of your baby, your family, and/or friends to help you to cut down, quit smoking, or remain a non-smoker? Would you say . . .
- None at all,1
- A little,2
- Some, or3
- A lot?.....4
18. In the last week, how strong have your urges been to smoke a cigarette? Would you say . . .
- Not at all strong,1
- Not very strong,2
- Somewhat strong.....3
- Very strong, or4
- Extremely strong?5
19. Since you became pregnant, have you done any of the following to try to quit, cut down on your smoking, or remain a non-smoker?
- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Limited your smoking at home to only certain areas or rooms inside your house (e.g., in the basement, bedroom, kitchen, living room)?.....1 | | 2 |
| b. Limited your smoking at home only to the outdoors, or outside your house (e.g., on the front porch, in the back yard)?.....1 | | 2 |
| c. Called or talked to a friend or family member who supports your not smoking? .....1 | | 2 |
| d. Stayed away from other people who were smoking? .....1 | | 2 |
| e. Have you done something else to avoid smoking a cigarette (e.g., cleaned the house, read a magazine, went for a walk)? .....1 | | 2 |
| f. Done something nice or to reward yourself (e.g., buy a dress) for not smoking? .....1 | | 2 |
| g. Have you asked your partner, friends or family members to help you stay smoke-free?.....1 | | 2 |
| h. Used any type of nicotine replacement product, for example chewing nicotine gum, wearing a quit smoking patch, or using a nicotine inhaler or spray.....1 | | 2 |

20. Since you became pregnant, have any of the following people ever encouraged you not to smoke and to stay smoke free while you are pregnant?

YES NO

- a. Pre-natal care clinic staff (a nurse or doctor)?1.....2
- b. Your current partner or the father of your baby?1.....2
- c. Someone else you live with?.....1.....2.
- d. A family member who does not live with you?1.....2
- e. A friend who does not live with you?1.....2.
- f. Anyone else?1.....2

20g. SPECIFY_____ (Allow 150 characters)

SECTION E. ETS EXPOSURE, BELIEFS & PRACTICES

The next questions are about how much the other people in your life, such as your partner, family members, friends, visitors, or the people you live with have smoked cigarettes, pipes, cigars or other tobacco products around you during the 1st and 2nd trimesters of your pregnancy. When I ask about cigarettes, please remember to count a cigar and a pipeful of tobacco the same as a cigarette.

	(1) 1 st trimester, from months 1 to 3	(2) 2 nd trimester, from months 4 to 6
1a. On average during your _____, about how many days per week did someone else smoke cigarettes <u>inside your home</u>?	|__| DAYS/WK (range 1-7) < 1 DAY/WEEK.. -1 IF NO DAYS 0 → SKIP TO Q. 1d	|__| DAYS/WK (range 1-7) < 1 DAY/WEEK.. -1 IF NO DAYS ....0 → SKIP TO Q. 1d
1b. When other people smoked <u>inside</u> <u>your home during your</u> _____, about how many cigarettes were usually smoked each day?	|__| CIGARETTES (1-99) A FEW PUFFS.....-1	|__| CIGARETTES (1-99) A FEW PUFFS .....-1
1c. When other people smoked <u>inside</u> <u>your home during your</u> _____, about how many cigarettes were usually smoked <u>around you</u> each day?	|__| CIGARETTES (1-99) A FEW PUFFS ....-1	|__| CIGARETTES (1-99) A FEW PUFFS .....-1
1d. On average during your _____, about how many days per week did someone else smoke <u>around you</u> <u>while you were away from your</u> <u>home</u> (e.g., in someone else's home, in an enclosed room or a car)? [NOTE: FOR 1st TRIMESTER SAY]: Remember to include the time before you first found out you were pregnant.)	|__| DAYS/WK (range 1-7) < 1 DAY/WEEK.... -1 NO DAYS 0 → SKIP TO COL. 2	|__| DAYS/WK (range 1-7) < 1 DAY/WEEK -1 NO DAYS 0 → SKIP TO Q.2
1e. When other people smoked <u>around</u> <u>you away from your home during</u> <u>your</u> _____, about how many cigarettes did they usually smoke <u>around you</u> each day?	|__| CIGARETTES (1-99) A FEW PUFFS.....-1 (GO TO COLUMN 2)	|__| CIGARETTES (1-99) A FEW PUFFS .....-1

Next, I would like to ask you about the people, other than yourself, who may have smoked either inside your home or around you since you became pregnant, and during the past 7 days. (IF DON'T KNOW: If you are not sure, take your best guess. Remember, one pack of cigarettes per day = 20 cigarettes.)

	(A) Your baby's father	(B) Your current partner/ husband/ boyfriend (CHECK Q. B12 IF PARTNER IS BABY'S FATHER)	(C) Your other household members (EXCLUDING PARTNER OR BABY'S FATHER)	(D) Your other friends and family members who do not live with you
2. (Does/Do any of) ____ smoke cigarettes?	YES..... 1 → SKIP TO Q.3 NO 2 → SKIP TO COL B	PARTNER IS BABY'S FATHER..... -7 → SKIP TO COL. C YES 1 → SKIP TO Q.3 NO 2 → SKIP TO. COL C	YES .....1 NO .....2 → SKIP TO. COL D	YES .....1 → SKIP TO Q.2b NO 2 → SKIP TO. Q.5
2a. How many cigarette smokers, <u>not including yourself, your partner, or the baby's father</u> , live in your home?			|_|_| SMOKERS (1-50) (EXCLUDE PARTNER AND BABY'S FATHER) SKIP TO Q3	
2b. How many of your family members and friends, who do not live with you, are cigarette smokers? Would you say . . .				Less than half 1 About half of them 2 More than half of them, 3 All of them? 4
3. (Has/have any of)_____ smoked at all, even a puff of a cigarette, <u>inside your home since you became pregnant?</u>	YES..... 1 NO 2 → SKIP TO. Q4	YES .....1 NO .....2 → SKIP TO Q4	YES .....1 NO .....2 → SKIP TO Q4	YES 1 NO 2 → SKIP TO Q.4
3a. On how many of the past 7 days did ____ smoke cigarettes <u>inside your home?</u>	|_|_| DAYS (1-7)	|_|_| DAYS (1-7)	|_|_| DAYS DAS (1-7)	|_|_| DAYS (1-7)
4. (Has/have any of)_____ smoked at all, even a puff of a cigarette, <u>around you since you became pregnant?</u>	YES..... 1 NO 2 → SKIP TO Q. 4e	YES 1 NO 2 → SKIP TO Q. 4e	YES .....1 NO .....2 → SKIP TO Q. 4e	YES 1 NO 2 → SKIP TO Q. 4e
4a. On how many of the past 7 days did _____ smoke cigarettes <u>around you inside your home?</u>	|_|_| DAYS (1-7) IF 0 → SKIP TO Q. 4c	|_|_| DAYS (1-7) IF 0 → SKIP TO Q. 4c	|_|_| DAYS (1-7) IF 0 → SKIP TO Q. 4c	|_|_| DAYS (1-7) IF 0 → SKIP TO Q. 4c
4b. In the past 7 days, about how many cigarettes per day did _____ smoke <u>around you inside your home?</u>	|_|_| CIGARETTES (1-99)	|_|_| CIGARETTES (1-99)	|_|_| CIGARETTES (1-99)	|_|_| CIGARETTES (1-99)
4c. On how many of the past 7 days did ____ smoke a cigarette <u>around you away from your home</u> , (e.g., in a car, at another person's home, at a restaurant, at work, or some other place)?	|_|_| DAYS (1-7) IF 0 → SKIP TO Q. 4e	|_|_| DAYS (1-7) IF 0 → SKIP TO Q. 4e	|_|_| DAYS (1-7) IF 0 → SKIP TO Q. 4e	|_|_| DAYS (1-7) IF 0 → SKIP TO Q. 4e
4d. In the past 7 days, about how many cigarettes did _____ smoke <u>around you away from home?</u>	(1-99) |_|_| CIGARETTES	(1-99) |_|_| CIGARETTES	(1-99) |_|_| CIGARETTES	(1-99) |_|_| CIGARETTES
4e. <u>Since you became pregnant</u> , has/have _____ increased smoking around you, continued smoking the same amount <u>around you</u> , reduced, or stopped smoking <u>around you</u> ?	Increased 1 Same amount 2 Reduced 3 Stopped 4 (CONTINUE TO COL. B)	Increased 1 Same amount 2 Reduced 3 Stopped 4 (CONTINUE TO COL. C)	Increased 1 Same amount 2 Reduced 3 Stopped 4 (CONTINUE TO COL. D)	Increased 1 Same amount 2 Reduced 3 Stopped 4 (GO TO Q.5)

5. How much do you think that a pregnant woman's cigarette smoking can harm her unborn child's health? Would you say . . .
- Not at all,.....1
- Not very much,.....2
- Somewhat, or3
- A lot?.....4
- DON'T KNOW-8
6. How much do you think that your being around other people who are smoking cigarettes while you are pregnant can harm the health of your unborn baby? Would you say . . .
- Not at all,.....1
- Not very much,.....2
- Somewhat, or3
- A lot?.....4
- DON'T KNOW-8
7. How much do you think that people smoking cigarettes around your new baby after you give birth, including yourself, could harm your new baby's health? Would you say . . .
- Not at all,.....1
- Not very much,.....2
- Somewhat, or3
- A lot?.....4
- DON'T KNOW-8
8. In general, who in your household is most likely to make decisions or set the rules about whether cigarettes can be smoked in your home? Would you say . . .
- You are most likely to decide/make up the rules,1
- Decisions and rules about smoking in the house are jointly shared, or2
- Someone else is most likely to decide/make up the rules?3
9. Which of the following statements best describes where cigarette smoking is allowed inside your home? Would you say . . .
- Smoking is not allowed anywhere inside your home,1
- Smoking is allowed only in certain areas or rooms inside your home, or2
- Smoking is allowed anywhere inside your home3

10. Which statement best describes who is allowed to smoke inside your home? Would you say . . .
- No one is allowed to smoke inside your home,1
- Only special guests are allowed to smoke inside your home, or2
- Everyone is allowed to smoke inside your home.....3
11. How do you handle cigarette smoking when you are away from your home? Would you say ...
- I always ask people who are smoking not to smoke around me1
- It depends; sometimes I ask people who are smoking not smoke around me
and sometimes I don't, or.....2
- I never ask people who are smoking not to smoke around me,3
12. Since you became pregnant, have you done any of the following to reduce the number of
cigarettes other people smoke around you and your unborn baby?
- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Posted a no smoking sign or magnet in your home? | 1 | 2 |
| b. Created no smoking in the house rules at your home? | 1 | 2 |
| c. Talked to other people about the harmful effects that cigarette smoking
<u>around you while you are pregnant</u> can have on your <u>unborn baby</u> ? | 1 | 2 |
| d. Talked to other people about the harmful effects that cigarette smoking
<u>around your new baby</u> can have <u>after he/she is born</u> ? | 1 | 2 |
| e. Asked other people not to smoke <u>around you while you are pregnant</u> ? | 1 | 2 |
| f. Asked other people not to smoke <u>around your new baby after he/she is born</u> ?..... | 1 | 2 |
| g. Stayed away from other people who were smoking cigarettes? | 1 | 2 |
| h. Done something nice for the people who stopped smoking around you? | 1 | 2 |
13. Since you became pregnant, how often have you asked other people who wanted to smoke a
cigarette to smoke outside instead of inside your home? Would you say . .
- Never,1
- Some of the time,2
- Most of the time, or.....3
- Always?.....4
- N/A: NO ONE HAS WANTED TO SMOKE IN HER HOME-7

14. Since you became pregnant, how often have you asked other people who wanted to smoke a cigarette not to smoke around you when you were at someone else's home? Would you say . . .
- Never,1
- Some of the time,2
- Most of the time, or3
- Always?4
- N/A: NO ONE WANTED TO SMOKE AROUND HER AT ANOTHER HOME ...-7
15. Since you became pregnant, how often have you gone outside or left the room or area when someone else started to smoke a cigarette around you? Would you say . . .
- Never,1
- Some of the time,2
- Most of the time, or3
- Always?4
- N/A: NO ONE HAS STARTED TO SMOKE AROUND HER-7
16. If you decided you did not want other people to smoke around you during the next month of your pregnancy, how confident are you that you could stop them? Would you say . . .
- Not at all confident1
- Not very confident,2
- Somewhat confident,3
- Very confident, or4
- Extremely confident?5
17. If you asked your partner, family members, or friends not to smoke around you, how much support or understanding do you think you would get? Would you say. . .
- None,1
- Not much,2
- Some, or3
- A lot?4
- N/A: DOESN'T KNOW ANY SMOKERS-7

18. If you wanted to keep other people from smoking around your new baby after you give birth, how confident are you that you could stop them? Would you say . . .

Not at all confident.....1

Not very confident,2

Somewhat confident,.....3

Very confident, or4

Extremely confident?5

19. If you asked your partner, , family members, or friends not to smoke around your new baby after you give birth, how much support or understanding do you think you would get?
Would you say. . .

None,.....1

Not much,.....2

Some, or3

A lot?.....4

N/A: DOESN'T KNOW ANY SMOKERS-7

SECTION F. DRUG USE AND OTHER RISK BEHAVIORS

These next questions are about alcohol and drugs. Please think back over your entire pregnancy, both before and after you first learned you were pregnant, as you answer these questions and try to be as honest as possible.

1. During how many months of this pregnancy did you drink at least one glass of (IF NONE, RECORD "0" AND GO TO NEXT TYPE OF ALCOHOL)

IF MONTHS > 0 IN Q1:

2. During the past month, how often did you drink ____? Would you say ____,

	Number of Months	Every day or almost every day,	3-4 times a week,	1-2 times a week,	Once or twice only, or	Not at all
a. Beer?	(Range: 0-9, for all a-d)	5	4	3	2	1
b. Wine?	(Range: 0-9)	5	4	3	2	1
c. Wine cooler?	(Range: 0-9)	5	4	3	2	1
d. Hard liquor, such as vodka, gin, scotch, bourbon, tequila, or a brandy or liqueur?		5	4	3	2	1

3. During how many months of this pregnancy did you have any... (IF NONE, RECORD "0" AND GO TO NEXT TYPE OF DRUG)

IF MONTHS > 0 IN Q.3:

4. During the past month, how often did you use ____? Would you say ____,

	Number of Months	Every day or almost every day	3-4 times a week	1-2 times a week	Once or twice only, or	Not at all
a. Marijuana or hashish?	(Range: 0-9, for all a-g)	5	4	3	2	1
b. Crack or cocaine?		5	4	3	2	1
c. Amphetamines (uppers) or Methamphetamine?		5	4	3	2	1
d. Sedatives or tranquilizers (e.g., downers, nerve pills, pain killers)?		5	4	3	2	1
e. Heroin?		5	4	3	2	1
f. Methadone?		5	4	3	2	1
g. Any other types of illegal or non-prescribed drugs? (SPECIFY) _____		5	4	3	2	1

(Allow 150 characters)

INTERVIEWER: IF ALL MONTHS IN Q3a-g = "0" SKIP TO SECTION G

5. During your pregnancy, did you ever use a needle to take any of these drugs?

YES..... 1 → 5a. SPECIFY: _____ (150 characters)

NO..... 2

NOT SURE, CAN'T REMEMBER -8

SECTION G. YOU AND YOUR FEELINGS

Next, I would like to ask you a few questions just about you, and your feelings.

1. Please use **CARD B** to answer each statement that reflects how much control you feel you have in your daily life.

	Strongly <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
a. I have little or no control over the things that happen to me. Do you	1	2	3	4
b. There is really no way I can solve some of the problems I have. Do you.....	1	2	3	4
c. There is little I can do to change many of the important things in my life.	1	2	3	4
d. I often feel helpless in dealing with the problems of life.....	1	2	3	4
e. Sometimes I feel that I am being pushed around in life.....	1	2	3	4
f. What happens to me in the future mostly depends on me.....	1	2	3	4
g. I can do just about anything I set my mind to do.....	1	2	3	4

2. During the past 12 months, have you had two or more weeks in a row when you felt sad, blue or depressed, or when you lost all interest or pleasure in things that you usually cared about or enjoyed? (IF DK, PROBE FOR ANSWER THAT FITS BEST)

YES.....1

NO2

3. I am now going to read to you some ways you may have felt or behaved during the past week. Please use **CARD C** for these items. During the past week, how often...

	Rarely or None of the time (<u><1 day</u>)	Some or a little of the time (<u>1-2 days</u>)	Occasionally or a moderate amount of time (<u>3-4 days</u>)	Most or all of the time (<u>5-7 days</u>)
a. Were you bothered by things that usually don't bother you? Would you say	1	2	3	4
b. How often did you have trouble keeping your mind on what you were doing? Would you say	1	2	3	4
c. How often did you feel depressed?	1	2	3	4
d. How often did you feel that everything you did was an effort?	1	2	3	4
e. During the past week how often did you feel hopeful about the future? Would you say	1	2	3	4
f. How often did you feel fearful?	1	2	3	4
g. How often did your sleep become restless?	1	2	3	4
h. During the past week how often were you happy?	1	2	3	4
i. How often did you feel lonely?	1	2	3	4
j. How often did you feel you could not "get going"?	1	2	3	4

4. Are you currently taking any prescribed medications for anxiety (nerves), depression, or stress?

YES..... 1

NO..... 2

SECTION H: YOUR RELATIONSHIP WITH YOUR PARTNER AND OTHERS

The following questions are about things that may have happened to you.

- 1a. Within the last year, have you been emotionally abused by your boyfriend, ex-boyfriend, your husband, or ex-husband, or the baby's father, (for example, they put you down or called you names like ugly or stupid, etc.)?

YES..... 1

NO..... 2 → GO TO Q. 2a

- 1b. How many times did your partner or the baby's father do this to you in the past year?

|__|__| (Range: 1-99)

- 2a. Since you became pregnant, has your partner or the baby's father disrespected you, called you names like ugly or stupid, etc.?

YES..... 1

NO..... 2 → GO TO Q. 3a

- 2b. How many times did your partner or the baby's father do this to you since you became pregnant? |__|__| (Range: 1-99)

- 3a. Within the last year, have you been hit, slapped, kicked, pushed, shoved, forced to have sex, or otherwise physically hurt by your boyfriend, ex-boyfriend, your husband, or ex-husband, or the baby's father?

YES..... 1

NO..... 2 → GO TO Q. 4a

- 3b. How many times did your partner or the baby's father do this to you in the past year?

|__|__| (Range: 1-99)

- 4a. Since you became pregnant, has your partner or the baby's father hit, slapped, kicked, pushed, shoved, forced to have sex, or otherwise physically hurt you?

YES..... 1

NO..... 2 → GO TO Q. 5a

- 4b. How many times did your partner or the baby's father do this to you since you became pregnant? |__|__| (Range: 1-99)

5a. Within the last year, did you hit, slap, kick, push, shove, force sex, or otherwise physically hurt your boyfriend, ex-boyfriend, your husband, or ex-husband, or the baby's father?

YES..... 1

NO..... 2 → GO TO Q. 6a

5b. How many times did you do this to your partner or the baby's father in the past year?

|_|_|_| (Range: 1-99)

6a. Since you became pregnant, have you done this to your partner or the baby's father?

YES..... 1

NO..... 2 → GO TO Q. 7

6b. How many times did you do this to your partner or the baby's father since you became pregnant?

|_|_|_| (Range: 1-99)

7. Are you afraid of your current partner or the baby's father?

YES..... 1

NO..... 2

INTERVIEWERS:

**IF RESPONDENT HAS A CURRENT PARTNER (SEE QB7), CONTINUE WITH Q.8,
IF RESPONDENT HAS NO CURRENT PARTNER, SKIP TO Q10B.**

8. These next questions focus on your intimate partner relationships. Using **CARD D**, and thinking about your current partner please tell me if you Strongly Agree, Agree, Disagree, or Strongly Disagree with the following statements.¹

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. My partner does what he wants, even if I do not want him to.	.....1.....	2.....	3.....	4.....
b. I feel trapped or stuck in our relationship.	.....1.....	2.....	3.....	4.....
c. I am more committed to our relationship than my partner is.	.....1.....	2.....	3.....	4.....
d. My partner tells me who I can spend time with.	.....1.....	2.....	3.....	4.....
e. My partner always wants to know where I am.	.....1.....	2.....	3.....	4.....
f. My partner won't let me wear certain things.	.....1.....	2.....	3.....	4.....
g. Most of the time, we do what my partner wants to do.	.....1.....	2.....	3.....	4.....
h. When my partner and I are together, I'm pretty quiet.	.....1.....	2.....	3.....	4.....
i. My partner has more say than I do about important decisions that affect us.	.....1.....	2.....	3.....	4.....

¹ From Julie Pulerwitz's Relationship Power Scale – English Version.

- | | <u>Strongly
Agree</u> | <u>Agree</u> | <u>Disagree</u> | <u>Strongly
Disagree</u> |
|---|---------------------------|--------------|-----------------|------------------------------|
| j. When my partner and I disagree, he gets his way most of the time. |1..... | 2..... | 3..... | 4..... |
| k. In general, my partner gets more out of our relationship than I do. |1..... | 2..... | 3..... | 4..... |
| l. If I asked my partner to use a condom, he would think I am having sex with other people. |1..... | 2..... | 3..... | 4..... |
| m. If I asked my partner to use a condom, he would get angry. |1..... | 2..... | 3..... | 4..... |
| n. If I asked my partner to use a condom, he would get violent. |1..... | 2..... | 3..... | 4..... |
| o. I think my partner might be having sex with someone else. |1..... | 2..... | 3..... | 4..... |

9. The next questions are about the decisions you make with your partner. Please tell me who usually has more say when it comes to making each of the following decisions – You, Your Partner, or Both of You Equally. Who usually has more say about...²

- | | <u>You</u> | <u>Your Partner</u> | <u>Both of You
Equally</u> |
|---|--------------|---------------------|--------------------------------|
| a. ...what you do together? | 1..... | 2..... | 3..... |
| b. ...how often you see one another? | 1..... | 2..... | 3..... |
| c. ...when you talk about serious things? | 1..... | 2..... | 3..... |
| d. ...whether you have sex? | 1..... | 2..... | 3..... |
| e. ...what types of sexual acts you do? | 1..... | 2..... | 3..... |
| f. ...whether you use condoms? | 1..... | 2..... | 3..... |
| g. ...whose friends to go out with? | 1..... | 2..... | 3..... |
| h. In general, who do you think has more power in your relationship -- you, your partner, or both of you equally? | 1..... | 2..... | 3..... |

² From Julie Pulerwitz's Relationship Power Scale – English Version.

This next set of questions asks how much you feel you have had the support of your partner, the father of your baby, and/or the other people in your life during this pregnancy. I will read you a list of statements describing types of support. If “1” is “very dissatisfied” and “6” is “very satisfied,” how satisfied are you with the support you currently receive from (your partner/other people)? Use **CARD E**.

IF R HAS A CURRENT PARTNER, ASK ABOUT (a) PARTNER AND (b) OTHER PEOPLE. IF R DOES NOT HAVE A CURRENT PARTNER, ASK ONLY ABOUT (b) OTHER PEOPLE

		10a. <u>PARTNER</u>						10b. <u>OTHER PEOPLE</u>					
		<u>Very Dissatisfied</u>			<u>Very Satisfied</u>			<u>Very Dissatisfied</u>			<u>Very Satisfied</u>		
(1)	Shares similar experiences with me. “1” is “very dissatisfied” and “6” is “very satisfied.”.....	1	2	3	4	5	6	1	2	3	4	5	6
(2)	Helps keep up my morale. “1” is “very dissatisfied” and “6” is “very satisfied.”.....	1	2	3	4	5	6	1	2	3	4	5	6
(3)	Helps me out when I’m in a pinch.....	1	2	3	4	5	6	1	2	3	4	5	6
(4)	Shows interest in my daily activities and problems.	1	2	3	4	5	6	1	2	3	4	5	6
(5)	Goes out of his/her way to do special or thoughtful things for me.	1	2	3	4	5	6	1	2	3	4	5	6
(6)	Allows me to talk about things that are very personal and private. “1” is “very dissatisfied” and “6” is “very satisfied.”.....	1	2	3	4	5	6	1	2	3	4	5	6
(7)	Lets me know I am appreciated for the things I do for him/her.	1	2	3	4	5	6	1	2	3	4	5	6
(8)	Tolerates my ups and downs and unusual behaviors.	1	2	3	4	5	6	1	2	3	4	5	6
(9)	Takes me seriously when I have concerns. ...	1	2	3	4	5	6	1	2	3	4	5	6
(10)	Says things that make my situation clearer and easier to understand.	1	2	3	4	5	6	1	2	3	4	5	6
(11)	Lets me know that he/she will be around if I need assistance.	1	2	3	4	5	6	1	2	3	4	5	6

1. TIME INTERVIEW ENDED: | | : | | am / pm
1-12 0-59

2. DATE INTERVIEW COMPLETED: | | - | | - | | | |
MO DAY YEAR
1-12 1-31 2008-2012

3. INTERVIEWER ID #: | | | | (01-09)

- 5a. WAS THE RESPONDENT'S UNDERSTANDING OF THE QUESTIONS . . .
- | | | |
|------------|---|------------------|
| GOOD..... | 1 | } → SKIP TO Q. 6 |
| FAIR | 2 | |
| POOR..... | 3 | |

7. WERE THERE ANY DISTRACTIONS DURING THE INTERVIEW, SUCH AS CHILDREN, PHONE CALLS, TV, ETC?

- 7a. DID THE DISTRACTIONS AFFECT THE RESPONDENT'S ABILITY TO ANSWER THE QUESTIONS . . .

- Baseline Telephone Interview
March 17, 2008

8. NOTES: (Allow 500 characters)

(This section does not need to be added to data entry program)

ACTIVITY:	DOCUMENT:
UPDATE PARTICIPANT'S CONTACT INFORMATION	✓ ACTIVITY BOOKLET ✓ DMS
UPDATE CONTACT INFORMATION FOR SECONDARY SOURCES	✓ FACE SHEET ✓ DMS
ENTER ALL DOCTOR, HOSPITAL, ER VISITS RECORDED FOR BABY.	✓ DMS
RECORD BEST TIME TO CALL FOR 3-MONTH PP INTERVIEW	✓ ACTIVITY BOOKLET ✓ FRONT PAGE OF QUESTIONNAIRE ✓ DMS
ENTER FINAL RESULT CODE	✓ ACTIVITY BOOKLET ✓ FRONT PAGE OF QUESTIONNAIRE ✓ DMS